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## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

□ Declaration OR Submitted with Initial Filing

■ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Num	ber	20096.14					
First Named Inventor		YANAY, BUCHSHRIEBER, Hamutal					
COMPLETE IF KNOWN							
Application Number	09/ 910,421						
Filing Date	July 20, 2001						
Group Art Unit		Unknown					
Examiner Name		Unknown					

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  MATCHING AND COMMUNICATION METHOD AND SYSTEM									
the specification of which (Title of the Invention)  is attached hereto									
	OR was filed on (MM/DD/YYYY)  July 20, 2001  as United States Application Number or PCT International								
Application Number 09/910,421 and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES / NO					
137464	Israel	07/24/2000	0000						
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C, 119(e) of any United States provisional application(s) listed below.									
Application Number	(s)   Filing Date	e (MM/DD/YYYY)	•						

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





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## DECLADATION

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating th United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the pric United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to discloss information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									I in the prior v to disclose		
U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)				nt Patent I				
					•						
		PCT international applicat									
As a named inv and Trademark	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith:  Customer Number  OR  Place Customer Number Bar Code								omer Code		
		X	Registered pract Registra		name/registra	ation number lis	sted belo	w L	Lahel he	stration	
	Nam	10	Registra Numb			Nam	10			mber	
		. Wolfson	24,7			Mark Mo	ntagu	е	36	,612	
		l. Dippert s Gable	26,7								
	k. Lewi	s Gable	22,4	179							
Additional	registere	d practitioner(s) named o	n supplemental F	Registered	Practitioner	Information she	eet PTO	SB/02C	attached here	eto	
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Direct all corr	espona		er Number Code Label			OR	<b>X</b> C	orrespo	ondence add	ress below	
Name				Willia	m H. Dip	pert					
Address			Cowar	n, Liebo	witz & La	atman, P.C	).				
Address			1133	3 Avent	ue of the	Americas					
City		New Y	ork		State	NY	ZIP		10036-6799		
Country		USA	Telephone	(2	(212) 790-9200 Fax				(212) 575-0671		
believed to be punishable by	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									o made are	
Name of So	ole or F	First Inventor:			☐ A petit	ion has been	filed fo	r this u	nsigned inve	ntor	
Gi	ven Nar	me (first and middle [if	any])			Family	. Name	or Sur	name		
Hamutal YANAY, BUCHSHRIEBER						}					
Inventor's Signature		Del							Date		
Residence: (	City	Neve-Savyph State			Country Israel				Citizenship	IL	
Post Office A	ddress			7	7 Tidhar S	Street					
Post Office A	Post Office Address										
City		Neve Savy State ZIP 60409 Country IL									
Additional	invento	rs are being named or	n the 1_supp	olementa	I Additional	Inventor(s) s	sheet(s)	PTO/S	SB/02A attac	hed hereto	

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## **DECLARATION**

## **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1 of 1

								_			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Na	Given Name (first and middle [if any])					Family Name or Surname					
	Yaara					Y	ANAY	•			
Inventor's Signature						Date					
Residence: City	Ramat-Gan	State			ountry	Israel		Citizens	hip	IL	
Post Office Address	フタHagilad Street										
Post Office Address											
City	Ramat-Gan	State			ZIP	525,25	Country	,	il.	-	
Name of Additional Joint Inventor, if any:											
Given Na	me (first and middle [if any	1)		╄		Family Nar	ne or S	Sumame			
Inventor's Signature								Da	te		
Residence: City		State		_   _	ountry			Citize	nship		
Post Office Address											
Post Office Address											
City		State			ZIP		Coun	itry			
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for th	is unsign	ed inv	entor	
Given Na	me (first and middle [if any	])				Family Nar	ne or S	Sumame			
Inventor's Signature						Date			te		
Residence: City		State	State Country				Citizenship				
Post Office Address											
Post Office Address											
City	State ZIP Country										

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